| PLEASE TYPE OR PRINT | Entered previous May Show |
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| ☐ Ms. ☑ Mr. Artist | Remin chm |
| IVIT. Artist | (Last Name Last) |
| Permanent 5550 State Address Street | Ro Waserolly |
| 44281 Tel. () Zip Area Code | 239 2520 |
| Temporary or Studio Address Street | STATE ROLLANDEROR |
| 44281 Tel. 216 Zip Area Code | 239 2520 |
| If you do not presently live in a Western Reserve, which county Collaborator(If Any) | |
| If May Show entries are not acc Artist will pick up at Museu Museum should dispose of. Museum should ship to arti | um. |
| 14/1/// | im |
| Special Instructions When necessary include below is the object is to be assembled and the state of the state | nstructions or a drawing of how and displayed. How had displayed. How had displayed. How had displayed. |
| This entry blank must be fully r | |

entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

| ENTRY BLA | ANKS | | | | |
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